



**UMass Soil & Plant Nutrient Testing Laboratory**

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 413-545-2311

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<http://soiltest.umass.edu/>

**USE THIS FORM FOR PLANT NUTRIENT SAMPLE SUBMISSION FOR OTHER CROPS. (See page 2 for sampling instructions, fees, and description of services.)**

<b>Main Contact:</b>	<b>Send Copy to:</b>	<b>Method of receiving results</b>  US Mail (Please include \$2 per order for postage & handling)  Email  <b>Send copies to:</b>
Name:	Name:	
Business Name:	Business Name:	
Street Address:	Street Address:	
City, State, Zip:	City, State, Zip:	
Phone:	Phone:	
Email Address:	Email Address:	

LAB# (Leave blank)	Sample ID (You create this)	Test Requested Standard (\$45) or Standard w/o Nitrogen (\$30)

**Order Total \$** \_\_\_\_\_

<p><b>Sample Information</b></p> <p><b>Crop, management, and soil information</b></p> <p>Date Sampled: _____</p> <p>Crop: _____ Variety: _____</p> <p>Rootstock: _____ Age: _____</p> <p>Plant spacing or population: _____</p> <p>Vigor is: Poor Moderate Vigorous</p> <p>Lime: _____ tons/Acre applied on: _____ (date)</p> <p>Fertilizer rate(s) and date(s): _____</p> <p>Were foliar nutrients applied this season? Yes No</p> <p>If Yes, list rate(s) and date(s): _____</p> <p>Soil series (if known): _____</p>	<p><b>Complete this section for problem diagnosis</b></p> <p>If leaves are discolored, does color variation occur:        Along leaf margins    Interveneal    In spots    Over entire leaf</p> <p>Leaves first affected at shoot:    tip    base    over entire shoot</p> <p>Symptoms first seen: _____ (month &amp; growth stage)</p> <p>Describe additional symptoms: _____</p> <p>_____</p> <p>_____</p>
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Office Use Only	
Received	Due
Check#	PO#
Cash	Date

Please make check payable to the University of Massachusetts or "UMass"

### ***General Sampling Procedure:***

For a routine evaluation of plant status, we compare nutrient levels to data collected in scientific literature. It is extremely important to collect samples at the growth stage and from the plant part for which plant nutritional data is available. **Contact the lab at 413-545-5304, or [soiltest@umass.edu](mailto:soiltest@umass.edu) to learn growth stage or season and plant part to be collected for analysis.**

Samples should reflect areas with uniform management and soil type. Where differences occur within a block or field, sampling should be refined to represent these changes. Samples should represent only one cultivar, but should be collected from several different plants within the block or field.

When you suspect a nutrient deficiency, always attempt to collect one sample from plants in the affected area and a second sample from plants of the same variety in an area showing normal growth. This will allow for direct comparison of nutrient levels and may aid in diagnosing specific nutrient deficiencies.

When collecting tissue samples, avoid diseased or dead plant material, tissue damaged by equipment or insects, and plant tissue stressed by excessive heat, cold, or moisture.

After collecting your composite sample, rinse the tissue with clean water to remove pesticides, foliar applied nutrients, and soil particles. Place wet samples on a clean paper towel to dry. Once dry, carefully place sample in a **small paper bag labeled with your sample ID** and complete the submission form. Hand deliver or mail the sample, submission form, and a check or money order payable to UMass to the address listed on the front of this form.

### **Plant Nutrient Test Description & Fees**

Standard Nutrient Test: \$45.00

A determination of the Total Tissue P, K, Ca, Mg, Zn, Cu, Mn, Fe, and B. Analysis by ICP Spectroscopy of acid wet digestion in Nitric Acid, Hydrochloric Acid, and Hydrogen Peroxide in a block digester. Also included, Total Nitrogen by catalytic combustion.

Standard Nutrient Test without Total Nitrogen: \$30.00

Same as Standard Nutrient Test but without Total Nitrogen.